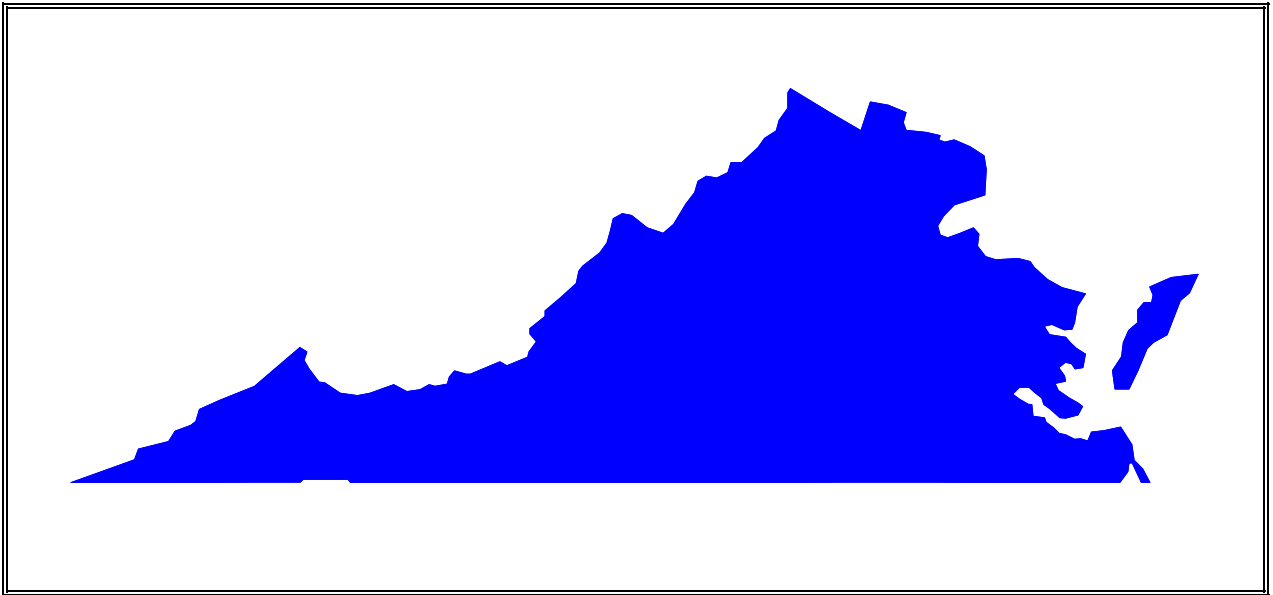# Virginia Department of Medical Assistance Services

Companion Guide
For 837 Professional Health Care Claim & Encounter Transactions
Version 1.11 Updated 04/01/2008

ASC X12N 837
VERSION 004010 X098A1

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VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1 -	Original Implementation	12/05/2002
Version 1.2 -	Added **Page reference 220** Loop 2300 - AMT02 Removed Page reference **335** Loop 2320 - AMT02	03/01/2004
Version 1.3 -	Changed **Page reference 173** Loop 2300 - CLM05-3 Changed **Page reference 289** Loop 2310A - REF02	04/21/2004
Version 1.4 -	Added comments for providers submitting Medicare coinsurance & deductible claims Changed **Page reference 92** Loop 2010AA - REF02 Added **Page reference 321** Loop 2320 - SBR09 Changed **Page reference 323** Loop 2320 - CAS02 Added **Page reference 334** Loop 2320 - AMT02 Added **Page reference 352** Loop 2330A - NM109 Added **Page reference 361** Loop 2330B - NM109 Added **Page reference 402** Loop 2400 - SV102 Added **Page reference 485** Loop 2400 - AMT02 Changed **Page reference 558** Loop 2430 - CAS02	07/20/2004
Version 1.5 -	Modified comments (page reference **75**) Loop 1000B - NM103 Name Last or Organization Name	08/19/2005
Version 1.6 -	Modified comments **(page reference 323)** Loop 2320 - CAS02 Claim Adjustment Reason Code Modified comments **(page reference 361)** Loop 2330B - NM109 Identification Code Modified comments **(page reference 555)** Loop 2430 - SVD01 Identification Code Modified comments **(page reference 566)** Loop 2430 - CAS02 Claim Adjustment Reason Code	05/19/2006

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VERSION NO. DESCRIPTION	DATE
Version 1.7 - **NPI modifications**	12/01/2006

Loop 2000A - PRV03 Provider Taxonomy Code **(page reference 80)**
Loop 2010AA - NM108 Billing Provider Identification Code **(page reference 86)**
Loop 2010AA - N403 Billing Provider's Zip Code **(page reference 90)**
Loop 2010AA - REF01 Identification Qualifier **(page reference 92)**
Loop 2010AA - REF02 Identification Code **(page reference 92)**
Loop 2310A - NM108 Referring Identification Code Qualifier **(page reference 284)**
Loop 2310A - REF01 Referring Identification Qualifier **(page reference 288)**
Loop 2310A - REF02 Referring Identification Code **(page reference 289)**
Loop 2310B - NM108 Rendering Provider Identification Code **(page reference 292)**
Loop 2310B - PRV03 Provider Taxonomy Code **(page reference 294)**
Loop 2310B - REF01 Rendering Identification Qualifier **(page reference 296)**
Loop 2310B - REF02 Rendering Identification Code **(page reference 297)**
Loop 2310D - N403 Service Facility Zip Code **(page reference 309)**
Loop 2420A - NM108 Rendering Provider Identification Code **(page reference 503)**
Loop 2420A - PRV03 Provider Taxonomy Code **(page reference 505)**
Loop 2420A - REF01 Rendering Identification Qualifier **(page reference 507)**
Loop 2420A - REF02 Rendering Identification Code **(page reference 508)**
Loop 2420C - N403 Service Facility Zip Code **(page reference 520)**
Loop 2420F - NM108 Referring Provider Identification Code **(page reference 543)**
Loop 2420F - REF01 Referring Identification Qualifier **(page reference 548)**
Loop 2420F - REF02 Referring Identification Code **(page reference 548)**

Version 1.8 -	02/23/2007

NDC Modifications
Loop 2400 - SV101-1 Product or Service ID Qualifier **(page reference 401)**
Loop 2410 - LIN02 Product or Service ID Qualifier **(page reference 73A)**
Loop 2410 - LIN03 National Drug Code **(page reference 73A)**
Removed notes and modified comments for Tax ID/SSN
Loop 2310A - NM108 Referring Identification Code Qualifier **(page reference 284)**
Loop 2310A - REF01 Referring Identification Qualifier **(page reference 288)**
Loop 2310A - REF02 Referring Identification Code **(page reference 289)**
Loop 2310B - NM108 Rendering Provider Identification Code **(page reference 292)**
Loop 2310B - REF01 Rendering Identification Qualifier **(page reference 296)**
Loop 2310B - REF02 Rendering Identification Code **(page reference 297)**
Loop 2420A - NM108 Rendering Provider Identification Code **(page reference 503)**
Loop 2420A - REF01 Rendering Identification Qualifier **(page reference 507)**
Loop 2420A - REF02 Rendering Identification Code **(page reference 508)**
Loop 2420F - NM108 Referring Provider Identification Code **(page reference 543)**
Loop 2420F - REF01 Referring Identification Qualifier **(page reference 548)**
Loop 2420F - REF02 Referring Identification Code **(page reference 548)**

VERSION NO.	**DESCRIPTION**	**DATE**

Version 1.9 - **Modifications for Contingency Dual Use**   06/06/2007
      Modified Special Notes, numbers 5, 6, 7, 8 and 9
      Loop 2010AA - REF01 Identification Qualifier **(page reference 92)**
      Loop 2310A - REF02 Referring Identification Code **(page reference 289)**
      Loop 2310B - REF02 Rendering Identification Code **(page reference 297)**
      Loop 2420A - REF02 Rendering Identification Code **(page reference 508)**
      Loop 2420F - REF01 Referring Identification Qualifier **(page reference 548)**

Version 1.10 - **Zip Code Modifications**   10/01/2007
      Loop 2010AA - N403 Billing Provider's Zip Code **(page reference 90)**
      Loop 2310D - N403 Service Facility Zip Code **(page reference 309)**
      Loop 2420C - N403 Service Facility Zip Code **(page reference 520)**

Version 1.11   04/01/2008
  Modifications for NPI and API usage
      Modified Special Notes – deleted notes 5 & 6; modified notes 7, 8, & 9- notes renumbered
      Removed blue highlighting from previous changes
      Loop 2010AA - NM108 Billing Provider Identification Code **(page reference 86)**
      Loop 2010AA - REF01 Billing Identification Qualifier **(page reference 92)**
      Loop 2010AA - REF02 Identification Code**(page reference 92)**
      Loop 2310A - NM108 Billing Provider Identification Code **(page reference 284)**
      Loop 2310A - REF01 Referring Identification Qualifier **(page reference 288)**
      Loop 2310A - REF02 Referring Identification Code **(page reference 289)**
      Loop 2310B - NM108 Billing Provider Identification Code **(page reference 292)**
      Loop 2310B - REF01 Rendering Identification Qualifier **(page reference 296)**
      Loop 2310B - REF02 Rendering Identification Code **(page reference 297)**
      Loop 2420A - NM108 Billing Provider Identification Code **(page reference 503)**
      Loop 2420A - REF01 Rendering Identification Qualifier **(page reference 507)**
      Loop 2420A - REF02 Rendering Identification Code **(page reference 508)**
      Loop 2420F - NM108 Billing Provider Identification Code **(page reference 543)**
      Loop 2420F - REF01 Referring Identification Qualifier **(page reference 548)**
      Loop 2420F - REF02 Referring Identification Code **(page reference 548)**
  Modifications for NDC
      Loop 2410 - LIN02 Drug Identification **(page reference 73 Addenda)**
      Loop 2410 - LIN03 Drug Identification **(page reference 73 Addenda)**
      Loop 2410 – CTP03 Drug Pricing **(page reference 75 Addenda)**
      Loop 2410 – CTP04 Drug Pricing **(page reference 75 Addenda)**
      Loop 2410 – CTP05 Drug Pricing **(page reference 75 Addenda)**

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

PURPOSE

- For providers with a FFS agreement to submit claims for payment.
- For HMOs with a capitated agreement to submit encounters for reporting purposes.

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SPECIAL NOTES

1. 837 Claims or Encounters may be sent at anytime 24 hours a day, 7 days a week, however…

    A) Fee-for-service Claims submitted by mid-afternoon will be processed in the current daily cycle. Claims submitted after 1 PM EST on Fridays will not be included in the current week's remittance cycle.

    B) Encounters should be submitted prior to noon on their scheduled submission date.

2. The 997 Response will normally be available for pickup 1 hour after file submission unless there are unforeseen technical difficulties.

3. Claim and Encounters should be submitted in separate ISA-IEA envelopes.

4. All references to Medicaid are used for simplicity, but other programs supported by DMAS are also included, such as FAMIS, SLH, and TDO.

5. As of May 23, 2008 only the NPI will be accepted and used to adjudicate healthcare claims. All claims received as of that date will be processed using the NPI or Atypical Provider Identifier (API). **The compliance is based on the date of receipt and not the date of service**.

6. Non-healthcare providers that are not eligible to obtain an NPI will receive a new 10-digit Virginia Medicaid Atypical Provider ID (API). Beginning May 23, 2008the API must be used in place of the Legacy ID.

7. Medicare coinsurance and deductible claims must be submitted using the NPI.

Data Element Descriptions

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	Use "00" - No Authorization Information Present
B.3	N/A	ISA	ISA03 - Security Information Qualifier	Use "00" - No Security Information Present
B.3	N/A	ISA	ISA05 - Interchange ID Qualifier	Use "ZZ" - Mutually defined
B.3	N/A	ISA	ISA06 - Interchange Sender ID	Use 4-character service center ID assigned by Virginia Medicaid.
B.3	N/A	ISA	ISA08 - Interchange Receiver ID	Use "VMAP FHSC FA"
B.3	N/A	ISA	ISA14 - Acknowledgment Requested	Use "0" - No Acknowledgement Requested
B.3	N/A	GS	GS02 - Application Sender's Code	Use 4-character service center ID assigned by Virginia Medicaid.
B.3	N/A	GS	GS03 - Application Receiver's Code	Use 'VMAP FHSC FA'
B.3	N/A	GS	GS08 - Version/Release Industry ID Code	Use "004010X098A1".
66	N/A	REF	REF02- Transmission Type Code	Use "004010X098A1".
69	1000A- Submitter Name	NM1	NM109-Submitter Primary Identifier	Use 4-character service center ID assigned by Virginia Medicaid.
75	1000B- Receiver Name	NM1	NM103-Name Last or Organization Name	Use "Dept of Med Assist Svcs"
80	2000A- Billing/Pay- To Provider	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API.
86	2010AA- Billing Provider Name	NM1	NM108- Identification Code Qualifier	24- Employer's Identification Number 34- Social Security Number XX- NPI If XX-NPI is used, then either the Employer's Identification Number or the SSN of the provider must be carried in the REF segment in this loop.

Page	Loop	Segment	Data Element	Comments
90	2010AA-Billing Provider Name	N4	N403-Billing Provider's Zip Code	The billing provider zip code (along with the address information in the 2010AA N3 segment) is required and may be used for pricing. Providers are required to submit the 9-digit zip code when available.
92	2010AA-Billing Provider Name	REF	REF01-Reference Identification Qualifier	Medicaid will pay the billing provider and not the Pay-to-provider (loop 2010AB). 1D-Medicaid Provider Number EI-Employer's Identification Number SY-Social Security Number EI or SY must be used when the 10-digit NPI is sent in the Billing Provider Name segment of this loop. When the API is sent, use the 1D qualifier.
92	2010AA-Billing Provider Name	REF	REF02-Billing Provider Secondary Identification Number	Beginning 05/23/08, only the 10-digit API should be submitted using the 1D qualifier. When sending the EI qualifier, use the Employer Identification Number. When sending the SY qualifier, use the SSN.
119	2010BA-Subscriber Name	NM1	NM108-Identification Code Qualifier	Use "MI".
119	2010BA-Subscriber Name	NM1	NM109-Subscriber Primary Identifier	Use the patient's 12-digit enrollee ID number assigned by Virginia Medicaid.
171	2300-Claim Information	CLM	CLM01-Claim Submitter's ID	For Encounters, this should be the HMO's claim number.
173	2300-Claim Information	CLM	CLM05-3 Claim Frequency Code	Use "1" for original claim. Use "7" for replacement. Use "8" for void. **NOTE:** **FFS** Replacements/Voids should be submitted **one service line per claim.** **Encounter** Replacements/Voids should be submitted with **all** service lines of a claim in the same order as they were originally submitted.

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Page	Loop	Segment	Data Element	Comments
216	2300 - Claim Information	PWK	PWK06– Attachment Control Number	Use if PWK02 = "BM", "EL", "EM", or "FX" The Attachment Control Number is a composite of three specific fields and can be up to 33 positions with no embedded spaces or special characters (i.e., slashes, dashes, etc.): The **first** field is the Patient Account Number (Provider assigned) and can be a maximum of 20 positions. The **second** field is the From Date Of Service (DOS) associated with the first line on the claim - MDDCCYY. The **third** field is a sequential number (5 positions, numeric) established/incremented by the Provider for every electronic claim submitted. The sequence # is right justified, zero filled. The Attachment Control Number should be the same for every attachment associated with a specific claim.
217	2300 - Claim Information	CN1	CN101-Contract Type Code	Required for Encounters.
220	2300-Claim Information	AMT-Patient Amount Paid	AMT02-Patient Amount Paid	Use for submitting an amount the patient paid towards the claim. This amount will be applied to the first line on the claim.
228	2300 - Claim Information	REF-Prior Authorization or Referral #	REF01-Reference ID Qualifier	Use "G1" when submitting a prior authorization number. Use "9F" when submitting a referral #.
228	2300 - Claim Information	REF-Prior Authorization or Referral #	REF02-Prior Authorization or Referral Number	Use 11-character number assigned by Virginia Medicaid.
230	2300 - Claim Information	REF-Orig Ref Number	REF01-Reference ID Qualifier	Use "F8" when submitting a claim replacement or void/cancel (as indicated by CLM05-3).
230	2300 - Claim Information	REF-Orig Ref Number	REF02-Claim Original Reference Number	For FFS claims, use the 16-character Reference Number assigned by Virginia Medicaid. For encounters, use the HMO's original claim number (up to 20-characters).

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Page	Loop	Segment	Data Element	Comments
247	2300 - Claim Information	NTE	NTE01- Note Reference Code	For transportation claims-Use "ADD"
247	2300 - Claim Information	NTE	NTE02-Claim Note Text	Provide free-text remarks, if needed. For transportation claims- Virginia Medicaid will use the first 4 positions to indicate Number of Passengers (numeric, right justified, zero filled).
284	2310A- Referring Provider Name	NM1	NM108-Identification Code Qualifier	24- Employer's Identification Number 34- Social Security Number XX- NPI If XX-NPI is used, then either the Employer's Identification Number or the SSN of the provider must be carried in the REF segment in this loop.
284	2310A- Referring Provider Name	NM1	NM109-Referring Provider Identifier	**For services to Medallion enrollees that are not provided by the PCP, submit the Referring Provider's NPI in this field.**
288	2310A- Referring Provider Name	REF	REF01-Reference Identification Qualifier	1D- Medicaid Provider Number EI- Employer's Identification Number SY- Social Security Number EI or SY must be used when the 10-digit NPI is sent in the Billing Provider Name segment of this loop. When the API is sent, use the 1D qualifier.
289	2310A- Referring Provider Name	REF	REF02-Referring Provider Secondary Identifier	Beginning 05/23/08, only the 10-digit API should be submitted using the 1D qualifier. **For services to Medallion enrollees that are not provided by the PCP, submit the Referring Provider's 10-digit API assigned by Virginia Medicaid in this field.**
292	2310B- Rendering Provider Name	NM1	NM108-Identification Code Qualifier	24- Employer's Identification Number 34- Social Security Number XX- NPI If XX-NPI is used, then either the Employer's Identification Number or the SSN of the provider must be carried in the REF segment in this loop.

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Page	Loop	Segment	Data Element	Comments
294	2310B-Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API.
296	2310B-Rendering Provider Name	REF	REF01-Reference Identification Qualifier	1D- Medicaid Provider Number EI- Employer's Identification Number SY- Social Security Number EI or SY must be used when the 10-digit NPI is sent in the Billing Provider Name segment of this loop. When the API is sent, use the 1D qualifier.
297	2310B-Rendering Provider Name	REF	REF02-Billing Provider Secondary Identifier	Beginning 05/23/08, only the 10-digit API should be submitted using the 1D qualifier. When sending the EI qualifier, use the Employer Identification Number. When sending the SY qualifier, use the SSN.
309	2310D-Service Facility Location	N4	N403-Laboratory or Facility Zip code	The Service Facility zip code (along with the address information in the 2310D N3 segment) is required when the place of service is different than the billing zip code in 2010AA, N403. This information may be used for pricing. Providers are required to submit the 9-digit zip code when available.
318	2320 - Other Subscriber Information	SBR		If the patient has Medicare or other coverage, repeat this loop for each other payer. Do not put information about Virginia Medicaid coverage in this loop. For MCO submitted Encounters, one iteration of this loop should be used to represent the MCO coverage and payment. The MCO payer loop is identified by 1000A NM109 = 2330B NM109).

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Page	Loop	Segment	Data Element	Comments
321	2320-Other Subscriber Information	SBR	SBR09-Claim Filing Indicator Code	For providers submitting Medicare coinsurance & deductible claims – Use "MB" to indicate a Medicare payer
323	2320-Other Subscriber Information	CAS	CAS02-Claim Adjustment Reason Code	MCOs no longer use 2320 CAS to define claim adjustment reason code; Use 2430 CAS for providers submitting Medicare coinsurance & deductible claims – Use "1" for Deductible amounts Use "2" for Coinsurance amounts.
332	2320 - Other Subscriber Information	AMT - COB Payer Paid Amount	AMT02 - Payer Paid Amount	All prior payments should be reported to Virginia Medicaid using this segment for the appropriate payer.
334	2320-Other Subscriber Information	AMT-COB Allowed Amount	AMT02-Allowed Amount	For providers submitting Medicare coinsurance & deductible claims - Submit the Medicare allowed amount for the Total claim.
352	2330A-Other Subscriber Name	NM1	NM109-Other Insured Identifier	For providers submitting Medicare coinsurance & deductible claims – Use the Medicare ID for the enrollee.
361	2330B-Other Payer Name	NM1	NM109-Other Payer Primary ID#	For providers submitting Medicare coinsurance & deductible claims - NM109 in 2330B should match the value you are submitting in SVD01 in 2430. For MCO submitted Encounters, use 4-character service center ID assigned by Virginia Medicaid.
401	2400-Service Line	SV1	SV101-1 - Product or Service ID Qualifier	Use "HC" - HCPCS Codes NDCs will not be processed in this segment, however an NDC must be sent in the LIN segment to supplement a drug HCPCS code (see instructions for 2410 - Drug Identification).
402	2400-Service Line	SV1	SV102-Line Item Charge Amount	For providers submitting Medicare coinsurance & deductible claims – Submit the line charge amount billed to Medicare.
466	2400 – Service Line	CN1	CN101 - Contract Type Code	For Non-Medicaid HMO Copay billing, use "04".

Page	Loop	Segment	Data Element	Comments
467	2400-Service Line	CN1	CN102-Contract Amount	For Non-Medicaid HMO Copay billing, this should be the Copay amount.
485	2400 –Service Line	AMT- Approved Amount	AMT02-Approved Amount	For providers submitting Medicare coinsurance & deductible claims – Submit the Line item amount approved (allowed) by Medicare.
488	2400 - Service Line	NTE	NTE01- Note Reference Code	For transportation claims - Use "ADD"
488	2400 - Service Line	NTE	NTE02-Line Note Text	Use if different than reported at the Claim Level (Loop 2300). Provide free-text remarks, if needed. For transportation claims - Virginia Medicaid will use the first 4 positions to indicate Number of Passengers (numeric, right justified, zero filled).
73 Addenda	2410-Drug Identification	LIN	LIN02-Product or Service ID Qualifier	Use "N4" for NDC.
73 Addenda	2410-Drug Identification	LIN	LIN03-National Drug Code	An NDC is required when a drug is dispensed. Virginia Medicaid will capture only the first occurrence of the LIN segment for each service line. If billing for a compound medication with more than one NDC, then each applicable NDC must be sent as a separate revenue line.
75 Addenda	2410-Drug Identification	CTP	CTP03-Drug Unit Price	This value is required for this segment to be complete, but Virginia Medicaid will not use this value in pricing. A zero dollar amount is acceptable.
75 Addenda	2410-Drug Identification	CTP	CTP04-Quantity	Input the actual NDC quantity dispensed.
75 Addenda	2410-Drug Identification	CTP	CTP05-Composite Unit of Measure	Input the unit/basis of measure
503	2420A- Rendering Provider Name	NM1	NM108-Identification Code Qualifier	24- Employer's Identification Number 34- Social Security Number XX- NPI If XX-NPI is used, then either the Employer's Identification Number or the SSN of the provider must be carried in the REF segment in this loop.

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Page	Loop	Segment	Data Element	Comments
505	2420A-Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API.
507	2420A-Rendering Provider Name	REF	REF01-Reference Identification Qualifier	1D- Medicaid Provider Number EI- Employer's Identification Number SY- Social Security Number EI or SY must be used when the 10-digit NPI is sent in the Billing Provider Name segment of this loop. When the API is sent, use the 1D qualifier.
508	2420A-Rendering Provider Name	REF	REF02-Billing Provider Secondary Identifier	Beginning 05/23/08, only the 10-digit API should be submitted using the 1D qualifier. When sending the EI qualifier, use the Employer Identification Number. When sending the SY qualifier, use the SSN.
520	2420C-Service Facility Location	N4	N403-Service Facility Location Zip code	The Service Facility zip code (along with the address information in the 2420C N3 segment) is required when the place of service is different than the billing zip code in 2010AA, N403 or 2310D, N403. This information may be used for pricing. Providers are required to submit the 9-digit zip code when available.
543	2420F-Referring Provider Name	NM1	NM108-Identification Code Qualifier	24- Employer's Identification Number 34- Social Security Number XX- NPI If XX-NPI is used, then either the Employer's Identification Number or the SSN of the provider must be carried in the REF segment in this loop.

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Page	Loop	Segment	Data Element	Comments
548	2420F-Referring Provider Name	REF	REF01-Reference Identification Qualifier	1D-Medicaid Provider Number EI-Employer's Identification Number SY-Social Security Number EI or SY must be used when the 10-digit NPI is sent in the Billing Provider Name segment of this loop. When the API is sent, use the 1D qualifier.
548	2420F-Referring Provider Name	REF	REF02-Billing Provider Secondary Identifier	Beginning 05/23/08, only the 10-digit API should be submitted using the 1D qualifier. When sending the EI qualifier, use the Employer Identification Number. When sending the SY qualifier, use the SSN.
555	2430-Line Adjudication Information	SVD	SVD01-Identification Code	For MCO submitted Encounters, use SVD02 to report the service line paid amount. SVD01 should indicate the MCO payer ID submitted in 2330B NM109 (MCO Other payer loop).
558	2430-Line Adjudication Information	CAS	CAS02-Claim Adjustment Reason Code	For MCO submitted Encounters, use CAS02 Claim Adjustment Reason Code (code source 139) to indicate the denial or payment reduction reason. For providers submitting Medicare coinsurance & deductible claims – Use "1" for Deductible amounts Use "2" for Coinsurance amounts
566	2430	DTP	DTP03-Date Claim Adjudicated	For MCO submitted Encounters, use DTP03 to report the service line adjudication date.